PTO/SB/17 (10-08)
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Under the Pa	aperwork Reduction Act of	1995, no person are required		ction of inform		ys a valid OMB			
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			Complete if Known						
			Application Number		10/825,367-Conf. #8100				
FEE TRANSMITTAL			Filing Date	Filing Date		April 16, 2004			
For FY 2009			First Named I	First Named Inventor		Martin Svehla			
FOIFI ZUUS			Examiner Name		K. Sonnett				
Applican	t claims small entity stat	us. See 37 CFR 1.27	Art Unit		3731				
TOTAL AMOUNT	Γ OF PAYMENT	(\$) 0.00	Attorney Dock	et No.	22409-00005-	-US			
METHOD OF	PAYMENT (check	all that apply)							
Check	Credit Card	Money Order N	one Othe	r (please iden	iify):				
Deposit Ac	count Deposit Account I	Number: 22-0185	Depos	sit Account Nar	ne: Connolly Bo	ve Lodge &	Hutz LLP		
For the	above-identified depo	osit account, the Director	is hereby authori	ized to: (ch	eck all that apply	)			
	harge fee(s) indicated	below	Cha	rge fee(s) ir	ndicated below, e	except for th	ne filing fee		
X Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17									
FEE CALCU	` '	TO AND 1.17							
	G, SEARCH, AND E	XAMINATION FEES							
			EARCH FEES	EXAM	NATION FEES	3			
Auguliantian T	F (f	Small Entity	Small Entit		Small Entity	F D	)-:-! ( <b>¢</b> )		
Application Ty Utility	<u>ype                                    </u>	) <u>Fee (\$) Fee</u> 165 540		<u>Fee (\$</u>	) <u>Fee (\$)</u> 110	rees P	<u>'aid (\$)</u>		
Design	220	110 100		140	70				
Plant	220	110 330		170	85	-			
Reissue	330	165 540		650	325				
Provisional	220		0	0	0				
2. EXCESS CL	AIM FEES					-	Small Entity		
Fee Description						Fee (\$)	Fee (\$)		
Each claim over				52	26				
Each independent claim over 3 (including Reissues)						220	110		
Multiple depend	dent claims					390	195		
<u>Total Claims</u>	Extra Claims	s <u>Fee (\$)</u>	Fee Paid (\$)	-	Multiple Depend	<u>dent Claims</u>			
	- 57 or HP  ber of total claims paid for	x =		_ <u> </u>	ee (\$)	Fee Paid (\$	)		
Indep. Claims	Extra Claims		Fee Paid (\$)				_		
	- 4 or HP =	x =	rec raid (\$)	-					
		paid for, if greater than 3.		-					
3. APPLICATIO	N SIZE FEE								
If the specifica	ation and drawings ex	sceed 100 sheets of paper	r (excluding elec	etronically i	filed sequence or	computer			
		the application size fee of 5 U.S.C. 41(a)(1)(G) and			entity) for each a	additional 50	)		
Total Sheet		* * * * * *	additional 50 or fi	•	eof Fee (\$)	Fee F	Paid (\$)		
		/50 =					aiα (ψ)		
4. OTHER FEE			_ ` .		, <u>——</u>	·	Paid (\$)		
	· ,	0 fee (no small entity dis	count)						
Other (e.g.,	late filing surcharge)	:							
SUBMITTED BY									
Signature	/Michael G. Verga	 a/	Registration No. (Attorney/Agent)	39,410	) Telephone	(202) 33	1-7111		

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Name (Print/Type)	Michael G. Verga			Date	April 28, 2009				